



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County:			District:		District Level:
13 Fallon			0244 Baker K-12 Schools		High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
12	1828	No	HADLEY, ROBYN & JARRETT	5.75	_____
12	1829	No	POST, JULIE	1.50	_____
12	1830	No	LOSING, NORMA	2.15	_____
12	1831	No	RUSLEY, PHILLIP & LORI	8.00	_____
12	1832	No	ROST, RODDY V	3.00	_____
12	1833	No	TRONSTAD, CYNTHIA	6.75	_____
12	1834	No	DUKART, KEVIN & JENNIFER	2.63	_____
12	1835	No	DEGRAND, AMANDA	5.38	_____



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Date			Signature, Chair, Board of Trustees		
County:			District:		District Level:
13 Fallon			0256 Plevna K-12 Schools		High School
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
55	1827	No	GUTIERREZ, PAMELA	0.50	_____
55	1836	No	SIELER, STEVE	0.35	_____
55	1837	No	WYRICK, ALLISON	1.00	_____
55	1838	No	REINER, MELANIE	2.50	_____
55	1839	No	O'CONNOR, CLAUDINE	1.50	_____
55	1840	No	NEMITZ, NADINE	0.50	_____
55	1841	No	HUFT, ROY	1.10	_____
55	1842	No	BAINTER, GARY	0.25	_____